

Attorney for Debtor
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**United States Bankruptcy Court
Eastern District of Virginia**

In re Jason R. Mitchell and Dianna Mitchell

Debtor(s)

Case No. 15-30850

Chapter 13 to 7

**Schedule of Unpaid Debt
Certification of Unpaid Debt**

I hereby certify under penalty of perjury that I have not incurred any unpaid debts since the commencement of the original bankruptcy case.

Date: 3/17/2015

Signature: /s/ Jason R. Mitchell
Jason R. Mitchell

Date: 3/17/2015

Signature: /s/ Dianna G. Mitchell
Dianna G. Mitchell

United States Bankruptcy Court
Eastern District of Virginia

In re **Jason R. Mitchell**
Dianna G. Mitchell

Debtor(s)

Case No. **15-30850**
Chapter **7**

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [Specify reason for amendment: ____]
Check if applicable: ☐ Soc. Sec. No. amended. [If applicable: An original, signed Official Form 21 was mailed/hand-delivered to the Clerk's office on ____.*]
- ☒ Summary of Schedules (Includes Statistical Summary of Certain Liabilities and Related Data)
- ☒ Schedule A - Real Property
- ☒ Schedule B - Personal Property
- ☒ Schedule C - Property Claimed as Exempt
- ☒ **Schedule D, E, or F, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009-1 (\$30.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):**
- ☐ Creditor(s) added ☐ Creditor(s) deleted
- ☐ Change in amounts owed or classification of debt
- ☐ No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ Post-petition creditors added (Schedule of Unpaid Debts)
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☒ Schedule G- Executory Contracts and Unexpired Leases
- ☒ Schedule H - Codebtors
- ☒ Schedule I - Current Income of Individual Debtor(s)
- ☒ Schedule J - Current Expenditures of Individual Debtor(s)

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors. *Amendment of debtor(s) Social Security Number requires this cover sheet together with a completed Official Form 21 - Statement of Social Security Number(s) be electronically filed or submitted to the Clerk's Office for 'restricted' entry of the amended Social Security Number into the case record.]

- ☐ Statement of Financial Affairs
- ☒ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
- ☒ Disclosure of Compensation of Attorney for Debtor
- ☒ Other: **Current Monthly Income 22A-1**

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: ____.

Date: **March 18, 2015**

/s/ Pia J. North

Pia J. North

Attorney for Debtor(s) [or Pro Se Debtor(s)]

State Bar No.: **29672**

Mailing Address: **North Law Bar# 29672**
5913 Harbour Park Drive
Midlothian, VA 23112

Telephone No.: **(804) 739-3700**

United States Bankruptcy Court
Eastern District of Virginia

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Debtors

Case No. **15-30850**

Chapter **7**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	29,081.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		28,485.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12		18,158.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,762.25
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,797.25
Total Number of Sheets of ALL Schedules		28			
Total Assets			29,081.00		
Total Liabilities				46,643.00	

United States Bankruptcy Court
Eastern District of Virginia

In re **Jason R. Mitchell,**
Dianna G. Mitchell

Debtors

Case No. 15-30850

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	3,762.25
Average Expenses (from Schedule J, Line 22)	3,797.25
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	3,697.13

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		7,679.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		18,158.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		25,837.00

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE A - REAL PROPERTY - AMENDED

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Debtor does not have an interest in this type of property.		J	0.00	0.00

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Jason R. Mitchell,
Dianna G. Mitchell**Case No. **15-30850**

Debtors

SCHEDULE B - PERSONAL PROPERTY - AMENDED

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash - Approx.	-	5.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Bank of America Checking Account - \$700 Approx.	J	700.00
		Bank of America Checking Account - \$581.64 UPDATED	J	0.00
		Pursuant to 34 -29 75% exempt: \$722.22 Pursuant to 34 -29 75% exempt: \$697.09 Prior HSD - no prior Ch 7 bky		
3. Security deposits with public utilities, telephone companies, landlords, and others.		Landlord Security Deposit \$800	J	0.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods	J	4,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books	-	20.00
6. Wearing apparel.		Clothes	J	600.00
7. Furs and jewelry.		Wedding and Engagement Rings \$330 UPDATED Misc. Jewelry \$1,000	J	1,330.00
		Jewelry was stolen by daughter & sold		
8. Firearms and sports, photographic, and other hobby equipment.		Digital camera	J	100.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Employer Term Life Insurance policy NO Cash Value	H	0.00

Sub-Total > **7,255.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		American Funds 401K Dec.31, 2014 Debtor took out \$1,200 in February 2015 and money was used to pay attorney fees	W	1,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		ALL Federal and State Tax refunds: Including Tax year 2014 and all prior years received prior to filing Chapter 13	J	0.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **1,000.00**
(Total of this page)

Sheet **1** of **3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		NO Potential claims or lawsuits	J	0.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2010 Ford Ranger 89,000 miles REAFFIRM DMV ok	J	7,893.00
		2010 Nissan Maxima 70,000 Miles REAFFIRM DMV ok	J	12,913.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		2 Birds	J	20.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **20,826.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **29,081.00**

(Report also on Summary of Schedules)

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT - AMENDED

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Husband's Exemptions			
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Bank of America Checking Account - \$581.64 UPDATED	Va. Code Ann. § 34-29	722.22	0.00
Pursuant to 34 -29 75% exempt: \$722.22 Pursuant to 34 -29 75% exempt: \$697.09 Prior HSD - no prior Ch 7 bky			
Household Goods and Furnishings			
Household Goods	Va. Code Ann. § 34-26(4a)	2,250.00	4,500.00
Wearing Apparel			
Clothes	Va. Code Ann. § 34-26(4)	300.00	600.00
Furs and Jewelry			
Wedding and Engagement Rings \$330 UPDATED	Va. Code Ann. § 34-26(1a)	30.00	1,330.00
Misc. Jewelry \$1,000			
Jewelry was stolen by daughter & sold			
Automobiles, Trucks, Trailers, and Other Vehicles			
2010 Ford Ranger 89,000 miles REAFFIRM DMV ok	Va. Code Ann. § 34-4 Va. Code Ann. § 34-26(8)	1.00 3,000.00	7,893.00
Animals			
2 Birds	Va. Code Ann. § 34-26(5)	20.00	20.00

Total: **6,323.22** **14,343.00**

1 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT - AMENDED

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Wife's Exemptions</u>			
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Bank of America Checking Account - \$581.64 UPDATED	Va. Code Ann. § 34-29	697.09	0.00
Pursuant to 34 -29 75% exempt: \$722.22 Pursuant to 34 -29 75% exempt: \$697.09 Prior HSD - no prior Ch 7 bky			
<u>Household Goods and Furnishings</u>			
Household Goods	Va. Code Ann. § 34-26(4a)	2,250.00	4,500.00
<u>Wearing Apparel</u>			
Clothes	Va. Code Ann. § 34-26(4)	300.00	600.00
<u>Furs and Jewelry</u>			
Wedding and Engagement Rings \$330 UPDATED	Va. Code Ann. § 34-26(1a)	300.00	1,330.00
Misc. Jewelry \$1,000			
Jewelry was stolen by daughter & sold			
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
American Funds 401K Dec.31, 2014	Va. Code Ann. § 34-34	1,000.00	1,000.00
Debtor took out \$1,200 in February 2015 and money was used to pay attorney fees			
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2010 Nissan Maxima 70,000 Miles REAFFIRM	Va. Code Ann. § 34-26(8)	3,000.00	12,913.00
DMV ok	Va. Code Ann. § 34-4	0.00	

Total: **7,547.09** **20,343.00**

In re **Jason R. Mitchell,
Dianna G. Mitchell**Case No. **15-30850**

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxx0416			Opened 5/01/14 Last Active 1/01/15					
C & F Finance Company 1927 C&F Drive Hampton, VA 23666		J	Title 2010 Nissan Maxima 70,000 Miles REAFFIRM DMV ok				18,460.00	5,547.00
			Value \$ 12,913.00					
Account No.								
C&F Fiance Co 1313 E Main St Richmond, VA 23219			Collection agency: C & F Finance Company				Notice Only	
			Value \$					
Account No. xxxxxxxFORD			Opened 9/01/14 Last Active 1/01/15					
Call Federal Credit Union 4605 Commerce Rd Richmond, VA 23234		J	Title 2010 Ford Ranger 89,000 miles REAFFIRM DMV ok				10,025.00	2,132.00
			Value \$ 7,893.00					
Account No.								
			Value \$					
Subtotal (Total of this page)							28,485.00	7,679.00
Total (Report on Summary of Schedules)							28,485.00	7,679.00

0 continuation sheets attached

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Tax year??? Notice????					
Commonwealth of VA-Tax P.O. Box 2156 Richmond, VA 23218-2156	-						0.00	0.00
Account No.			Tax year??? Notice????					
Internal Revenue Service Centralized Insolvency Unit P O Box 7346 Philadelphia, PA 19101-7346	-						0.00	0.00
Account No.								
Account No.								
Account No.								
Subtotal							0.00	0.00
(Total of this page)							0.00	0.00
Total							0.00	0.00
(Report on Summary of Schedules)							0.00	0.00

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Jason R. Mitchell,
Dianna G. Mitchell**Case No. **15-30850**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxxxxxxx0379 Capital One Po Box 30253 Salt Lake City, UT 84130		H	Opened 10/10/08 Last Active 6/11/10 Credit Card			Unknown
Account No. xxxxxxxxxxxx7702 Capital One Po Box 30253 Salt Lake City, UT 84130		W	Opened 1/04/11 Last Active 5/01/11 Credit Card			506.00
Account No. Portfolio Recvry 120 Corporate Blvd Norfolk, VA 23502			Collection agency: Capital One			Notice Only
Account No. xxxxxxxxxxxx2299 Capital One Po Box 85520 Richmond, VA 23285		W	Opened 2/01/10 Last Active 7/01/11 Credit Card			1,389.00
Subtotal (Total of this page)						1,895.00

11 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130			Collection agency: Capital One			Notice Only
Account No.						
Glasser & Glasser, P.L.C. P. O. Box 3400 Norfolk, VA 23514			Collection agency: Capital One			Notice Only
Account No. 1837						
Cash Net USA P.O. Box 06230 Chicago, IL 60606		W	2/10/15 Loan			540.00
Account No.						
Cashnet USA 200 West Jackson, Suite 1400 Chicago, IL 60606		W	Payday loan			450.00
Account No. xx4866						
Central Virginia Neurology PLC 14355 Sommerville Court Midlothian, VA 23113		W	Opened 1/01/14 Last Active 8/01/13 Medical			300.00
Sheet no. <u>1</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,290.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Focus Recovery Solutions Attn: Bankruptcy 9701 Metropolitan Court Ste B Richmond, VA 23236		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Collection agency: Central Virginia Neurology PLC				Notice Only
Account No. xx4866 Central Virginia Neurology Plc 7206 Hull Street Rd Ste North Chesterfield, VA 23235	H	Opened 1/01/12 Last Active 6/01/11 Medical Bill				405.00
Account No. Receivable Management 7206 Hull Street Rd Ste North Chesterfield, VA 23235		Collection agency: Central Virginia Neurology Plc				Notice Only
Account No. 0600 CJW Center P.O. Box 740760 Cincinnati, OH 45274	W	2013 Medical Bill				2,082.00
Account No. CJW Medical Center Post Office Box 99008 Bedford, TX 76095	W	Medical				2,200.00
Sheet no. 2 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;"> Subtotal (Total of this page) </div>						4,687.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Cawthorn, Deskevich, & Gavin 9701 Metropolitan Court Suite C Richmond, VA 23236			Collection agency: CJW Medical Center			Notice Only
Account No.						
Focused Recovery Solutions 9701 Metropolitan Court Ste B Richmond, VA 23236			Collection agency: CJW Medical Center			Notice Only
Account No. xxxx6842			Opened 12/01/13 Last Active 10/01/11 Service			
Comcast P. O. Box 3013 Southeastern, PA 19398-3013	H					290.00
Account No.						
Stellar Recovery Inc 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216			Collection agency: Comcast			Notice Only
Account No.			Unsecured			
Fingerhut Post Office Box 166 Newark, NJ 07101-0166	H					666.00
Sheet no. 3 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						956.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206			Collection agency: Fingerhut				Notice Only
Account No. xxxxxx7189 First Premier Bank Post Office Box 5147 Sioux Falls, SD 57117-5147	H		Opened 10/01/13 Last Active 8/01/09 Credit Card				597.00
Account No. Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123			Collection agency: First Premier Bank				Notice Only
Account No. xxxxxxx5201 Focus Recovery Solutions 9701 Metropolitan Richmond, VA 23236	W		Medical				205.00
Account No. Focus Recovery Solutions Attn: Bankruptcy 9701 Metropolitan Court Ste B Richmond, VA 23236			Collection agency: Focus Recovery Solutions				Notice Only
Sheet no. 4 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 802.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx1315 Gastrointestinal Specialists 2369 Staples Mill Road 2nd Floor Richmond, VA 23230			H	Opened 8/01/14 Last Active 2/01/14 Medical Bill				159.00
Account No. United Consumers 14205 Telegraph Rd Woodbridge, VA 22192				Collection agency: Gastrointestinal Specialists				Notice Only
Account No. xxxx5684 Hospitalist of Virginia 75 Remittance Drive Suite 1151 Chicago, IL 60675			W	Opened 1/01/14 Last Active 8/01/13 Medical Bill				624.00
Account No. Transworld Sys Inc/38 507 Prudential Rd Horsham, PA 19044				Collection agency: Hospitalist of Virginia				Notice Only
Account No. xxxxxxxxxxxx0379 HSBC P.O. Box 80053 Salinas, CA 93912			H	Opened 1/01/14 Last Active 6/01/10 Credit Card				765.00
Sheet no. 5 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page) 1,548.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Lvnv Funding Llc Po Box 10497 Greenville, SC 29603			Collection agency: HSBC			Notice Only
Account No. xxxx xxxxxxxxxxxx7702			Opened 5/01/12 Last Active 5/01/11 Credit Card			
HSBC P.O. Box 80053 Salinas, CA 93912	W					506.00
Account No.						
Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541			Collection agency: HSBC			Notice Only
Account No. 1837			Medical			
James River Emergency Group 5665 New Northside Dr Ste 320 Atlanta, GA 30328	J					540.00
Account No. xxx0899			Medical			
James River Hospitalist Group 1401 Johnston Willis Dr Richmond, VA 23235	H					50.00
Sheet no. 6 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,096.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Durham & Durham 5665 New Northside Drive Suite 510 Atlanta, GA 30328		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Collection agency: James River Hospitalist Group				Notice Only
Account No. xxxxxxx7095 Johnston Willis Medical PO Box 13620 Richmond, VA 23225	W	10/9/2014 Medical				295.00
Account No. Mason Easy-Pay 12512 1st Ave WI 54744	J	Unsecured				200.00
Account No. xxxxxxxxx955O Midnight Velvet 1112 7th Ave Monroe, WI 53566	H	Opened 11/01/08 Last Active 6/15/09 Charge Account				202.00
Account No. Midnight Velvet Swiss Colony Midnight Velvet 1112 7th Ave Monroe, WI 53566		Collection agency: Midnight Velvet				Notice Only
Sheet no. 7 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 697.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Account balance				
Nationwide One Nationwide Plaza Columbus, OH 43215	J					130.00
Account No. 1837		Medical				
OrthoVirginia, Inc 1115 Boulders Pkwy Ste 200 Richmond, VA 23225	H					561.00
Account No.		Collection agency: OrthoVirginia, Inc				Notice Only
Gilliam & Evans 7821 Ironbridge Road Richmond, VA 23237						
Account No. xxxxxxxxxxxx0606		Opened 2/01/12 Last Active 9/01/09 Medical services				
Patient First 5000 Cox Road Suite 100 Glen Allen, VA 23060	H					234.00
Account No.		Collection agency: Patient First				Notice Only
Receivable Management 7206 Hull Street Rd Ste North Chesterfield, VA 23235						
Sheet no. 8 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						925.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxxx1169		W	Opened 12/01/11 Last Active 8/01/11 Medical				277.00
Patient First P.O. Box 758941 Baltimore, MD 21275							
Account No.			Collection agency: Patient First				Notice Only
Receivable Management 7206 Hull Street Rd Ste North Chesterfield, VA 23235							
Account No. x2000		J	2009-2015 Medical Bill				1,800.00
Southside Comm. Hospital 800 Oak Street Farmville, VA 23901							
Account No.			Collection agency: Southside Comm. Hospital				Notice Only
Jill C. Dickerson, P.C. Attorney-at-Law 117 North Main Street Farmville, VA 23901							
Account No.		J	Medical				1,200.00
St Francies Medical Center PO Box 404893 Atlanta, GA 30384							
Sheet no. <u>9</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							3,277.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J		Medical ??				300.00
Urgent Care							
Account No. xxxx8401	W		Opened 12/01/13 Last Active 8/01/13 Medical Bill				258.00
Virginia Emer Phys LLP P. O. Box 17694 Baltimore, MD 21297							
Account No.			Collection agency: Virginia Emer Phys LLP				Notice Only
Transworld Sys Inc/38 507 Prudential Rd Horsham, PA 19044							
Account No. xxxx1493	W		Opened 12/01/12 Last Active 8/01/12 Medical Bill				110.00
Virginia Emer Phys LLP P. O. Box 17694 Baltimore, MD 21297							
Account No.			Collection agency: Virginia Emer Phys LLP				Notice Only
Transworld Sys Inc/38 507 Prudential Rd Horsham, PA 19044							
Sheet no. 10 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							668.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

AMENDED

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 3780 Virginia Physican for Women, P. O. Box 6829 Richmond, VA 23230	W	2010 Medical Bill				224.00
Account No. D. Kent Gilliam 7821 Ironbridge Road Richmond, VA 23237		Collection agency: Virginia Physican for Women,				Notice Only
Account No. xx1640 W. Baxter Perkinson, Jr. DDS 1612 Huguenot Rd Midlothian, VA 23113	H	Medical				93.00
Account No. 						
Account No. 						
Sheet no. 11 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						317.00
						Total (Report on Summary of Schedules)
						18,158.00

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Barbara Riley, landlord Sprint	Residential lease ASSUME Cell phone contract ASSUME

In re **Jason R. Mitchell,
Dianna G. Mitchell**

Case No. **15-30850**

Debtors

SCHEDULE H - CODEBTORS - AMENDED

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Jason R. Mitchell

Debtor 2 Dianna G. Mitchell
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 15-30850
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information.		
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employment status
	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	Occupation	Occupation
	<u>Driver</u>	<u>Billor</u>
Occupation may include student or homemaker, if it applies.	Employer's name	Employer's name
	<u>TCI</u>	<u>Scott E. Bailey, O.D. P.C.</u>
	Employer's address	Employer's address
	<u>310 Inglesby Pkwy Duncan, SC 29334</u>	<u>5919 Harbour Park Drive Midlothian, VA 23112</u>
	How long employed there?	How long employed there?
	<u>December 2014</u>	<u>2010</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,599.57</u>	2. \$ <u>2,429.77</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	3. +\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>2,599.57</u>	4. \$ <u>2,429.77</u>

Debtor 1 **Jason R. Mitchell**
Debtor 2 **Dianna G. Mitchell**

Case number (if known) **15-30850**

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4.	\$ 2,599.57	\$ 2,429.77	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 513.15	\$ 415.94	
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	\$ 0.00	
5e. Insurance	5e.	\$ 429.91	\$ 0.00	
5f. Domestic support obligations	5f.	\$ 0.00	\$ 0.00	
5g. Union dues	5g.	\$ 0.00	\$ 0.00	
5h. Other deductions. Specify: <u>Life</u>	5h.+	\$ 5.01	\$ 0.00	
<u>Spouse Life</u>		\$ 2.08	\$ 0.00	
<u>Child Life</u>		\$ 1.00	\$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 951.15	\$ 415.94	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 1,648.42	\$ 2,013.83	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ 0.00	
8b. Interest and dividends	8b.	\$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d.	\$ 0.00	\$ 0.00	
8e. Social Security	8e.	\$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g.	\$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: <u>Potential Quarterly bonuses (W)</u>	8h.+	\$ 0.00	\$ 100.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 0.00	\$ 100.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 1,648.42	\$ 2,113.83	= \$ 3,762.25
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____				
	11.	+\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12.	\$ 3,762.25		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?				
<input checked="" type="checkbox"/> No.				
<input type="checkbox"/> Yes. Explain: <u>See Schedule J</u>				

Fill in this information to identify your case:

Debtor 1 Jason R. Mitchell

Debtor 2 Dianna G. Mitchell
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 15-30850
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

10/2010

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 950.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Jason R. Mitchell**
Debtor 2 **Dianna G. Mitchell**

Case number (if known) **15-30850**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	<u>180.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>60.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>400.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. Food and housekeeping supplies	7. \$	<u>360.50</u>
8. Childcare and children's education costs	8. \$	<u>692.80</u>
9. Clothing, laundry, and dry cleaning	9. \$	<u>0.00</u>
10. Personal care products and services	10. \$	<u>0.00</u>
11. Medical and dental expenses	11. \$	<u>0.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>216.50</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	<u>0.00</u>
14. Charitable contributions and religious donations	14. \$	<u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>153.45</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Tax \$300/year		
	16. \$	<u>25.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	<u>472.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>237.00</u>
17c. Other. Specify: Vehicle upkeep YR 2010 & 2010	17c. \$	<u>50.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
18. \$		<u>0.00</u>
19. Other payments you make to support others who do not live with you.		
19. \$		<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. Other: Specify: _____	21. +\$	<u>0.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	<u>3,797.25</u>
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>3,762.25</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>3,797.25</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<u>-35.00</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

**Debtors do not anticipate any changes to income or expenses.
Household size of three.**

(H) 2015 YTD: TCI March 6, 2015 \$6,154.40

(W) 2015 YTD: Scott E. Baily OD PC March 13, 2015 \$6,054.75

(J) 2014: 1040 Income Tax Return \$49,148

United States Bankruptcy Court
Eastern District of VirginiaIn re **Jason R. Mitchell**
Dianna G. Mitchell

Debtor(s)

Case No. **15-30850**Chapter **7****DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date March 17, 2015Signature /s/ Jason R. Mitchell**Jason R. Mitchell**

Debtor

Date March 17, 2015Signature /s/ Dianna G. Mitchell**Dianna G. Mitchell**

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Jason R. Mitchell
Dianna G. Mitchell**

Debtor(s)

Case No. **15-30850**

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION - AMENDED

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: C & F Finance Company	Describe Property Securing Debt: 2010 Nissan Maxima 70,000 Miles REAFFIRM DMV ok
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Call Federal Credit Union	Describe Property Securing Debt: 2010 Ford Ranger 89,000 miles REAFFIRM DMV ok
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **March 17, 2015**

Signature **/s/ Jason R. Mitchell**
Jason R. Mitchell
Debtor

Date **March 17, 2015**

Signature **/s/ Dianna G. Mitchell**
Dianna G. Mitchell
Joint Debtor

United States Bankruptcy Court
Eastern District of Virginia

In re Jason R. Mitchell
Dianna G. Mitchell

Debtor(s)

Case No. 15-30850

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR - AMENDED

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,448.85
Prior to the filing of this statement I have received	\$	1,448.85
Balance Due	\$	0.00

2. \$ 25.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (*specify*)

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (*specify*)

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Other provisions as needed:

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522 for avoidance of liens.

Representation for above-referenced fees are subject to firm's effective hourly rates if additional legal services are required such as attendance of continued hearings, additional notices to creditors, negotiations and additional legal research.

Representation of the debtors in any dischargeability actions, judicial lien avoidances, redemption, reaffirmation, relief from stay actions, adversary proceedings, actions for sanctions and civil contempt due to creditor misconduct, actions to avoid Judicial liens, Adversary Proceedings, actions in any appeals court including the Virginia Court of Appeals, the Supreme Court of Virginia and the United States Supreme Court.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 17, 2015*Date***/s/ Pia J. North****Pia J. North 29672***Signature of Attorney***North Law Bar# 29672***Name of Law Firm***5913 Harbour Park Drive****Midlothian, VA 23112****(804) 739-3700 Fax: (804) 739-2550**

Case 15-30850-KRH Doc 14 Filed 03/18/15 Entered 03/18/15 09:22:03 Desc Main Document Page 38 of 43

North & Associates, P.C. 5913 Harbour Park Drive Midlothian, VA 23112	Cawthon, Deskevich, & Gavin 9701 Metropolitan Court Suite C Richmond, VA 23236	First Premier Bank Post Office Box 5147 Sioux Falls, SD 57117-5147
C & F Finance Company 1927 C&F Drive Hampton, VA 23666	Central Virginia Neurology PLC 14355 Sommerville Court Midlothian, VA 23113	Focus Recovery Solutions 9701 Metropolitan Richmond, VA 23236
C&F Fiance Co 1313 E Main St Richmond, VA 23219	Central Virginia Neurology Plc 7206 Hull Street Rd Ste North Chesterfield, VA 23235	Focus Recovery Solutions Attn: Bankruptcy 9701 Metropolitan Court Ste B Richmond, VA 23236
Call Federal Credit Union 4605 Commerce Rd Richmond, VA 23234	CJW Center P.O. Box 740760 Cincinnati, OH 45274	Focused Recovery Solutions 9701 Metropolitan Court Ste B Richmond, VA 23236
Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206	CJW Medical Center Post Office Box 99008 Bedford, TX 76095	Gastrointestinal Specialists 2369 Staples Mill Road 2nd Floor Richmond, VA 23230
Capital One Po Box 30253 Salt Lake City, UT 84130	Comcast P. O. Box 3013 Southeastern, PA 19398-3013	Gilliam & Evans 7821 Ironbridge Road Richmond, VA 23237
Capital One Po Box 85520 Richmond, VA 23285	Commonwealth of VA-Tax P.O. Box 2156 Richmond, VA 23218-2156	Glasser & Glasser, P.L.C. P. O. Box 3400 Norfolk, VA 23514
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	D. Kent Gilliam 7821 Ironbridge Road Richmond, VA 23237	Hospitalist of Virginia 75 Remittance Drive Suite 1151 Chicago, IL 60675
Cash Net USA P.O. Box 06230 Chicago, IL 60606	Durham & Durham 5665 New Northside Drive Suite 510 Atlanta, GA 30328	HSBC P.O. Box 80053 Salinas, CA 93912
Cashnet USA 200 West Jackson, Suite 1400 Chicago, IL 60606	Fingerhut Post Office Box 166 Newark, NJ 07101-0166	Internal Revenue Service Centralized Insolvency Unit P O Box 7346 Philadelphia, PA 19101-7346

James River Emergency Group
5665 New Northside Dr
Ste 320
Atlanta, GA 30328

Ortho Virginia, Inc.
1400 Boulders Pkwy
Ste 200
Richmond, VA 23225

United Consumers
14205 Telegraph Rd
Woodbridge, VA 22192

James River Hospitalist Group
1401 Johnston Willis Dr
Richmond, VA 23235

Patient First
5000 Cox Road
Suite 100
Glen Allen, VA 23060

Urgent Care

Jill C. Dickerson, P.C.
Attorney-at-Law
117 North Main Street
Farmville, VA 23901

Patient First
P.O. Box 758941
Baltimore, MD 21275

Virginia Emer Phys LLP
P. O. Box 17694
Baltimore, MD 21297

Johnston Willis Medical
PO Box 13620
Richmond, VA 23225

Portfolio Recovery
Attn: Bankruptcy
Po Box 41067
Norfolk, VA 23541

Virginia Physican for Women,
P. O. Box 6829
Richmond, VA 23230

Lvnv Funding Llc
Po Box 10497
Greenville, SC 29603

Portfolio Recvry
120 Corporate Blvd
Norfolk, VA 23502

W. Baxter Perkinson, Jr. DDS
1612 Huguenot Rd
Midlothian, VA 23113

Mason Easy-Pay
12512 1st Ave
WI 54744

Receivable Management
7206 Hull Street Rd Ste
North Chesterfield, VA 23235

Midland Funding
8875 Aero Dr Ste 200
San Diego, CA 92123

Southside Comm. Hospital
800 Oak Street
Farmville, VA 23901

Midnight Velvet
1112 7th Ave
Monroe, WI 53566

St Francies Medical Center
PO Box 404893
Atlanta, GA 30384

Midnight Velvet
Swiss Colony Midnight Velvet
1112 7th Ave
Monroe, WI 53566

Stellar Recovery Inc
4500 Salisbury Rd Ste 10
Jacksonville, FL 32216

Nationwide
One Nationwide Plaza
Columbus, OH 43215

Transworld Sys Inc/38
507 Prudential Rd
Horsham, PA 19044

Fill in this information to identify your case:

Debtor 1 Jason R. Mitchell

Debtor 2 Dianna G. Mitchell
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number 15-30850
(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

Official Form 22A - 1 Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 1,347.71	\$ 2,349.42
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

Jason R. Mitchell
Dianna G. Mitchell

Case number (if known)

15-30850

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a.	\$ 0.00	\$ 0.00
10b.	\$ 0.00	\$ 0.00
10c. Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 1,347.71	+ \$ 2,349.42 = \$ 3,697.13
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** 12a. \$ **3,697.13**

Multiply by 12 (the number of months in a year) x 12

12b. The result is your annual income for this part of the form 12b. \$ **44,365.56**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. VA

Fill in the number of people in your household. 3

Fill in the median family income for your state and size of household. 13. \$ **75,044.00**

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Jason R. Mitchell

Jason R. Mitchell
Signature of Debtor 1

Date **March 17, 2015**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

X /s/ Dianna G. Mitchell

Dianna G. Mitchell
Signature of Debtor 2

Date **March 17, 2015**

MM / DD / YYYY

Debtor 1 **Jason R. Mitchell**
Debtor 2 **Dianna G. Mitchell**

Case number (if known) **15-30850**

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **09/01/2014** to **02/28/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **TCI**

Income by Month:

6 Months Ago:	<u>09/2014</u>	<u>\$0.00</u>
5 Months Ago:	<u>10/2014</u>	<u>\$0.00</u>
4 Months Ago:	<u>11/2014</u>	<u>\$0.00</u>
3 Months Ago:	<u>12/2014</u>	<u>\$0.00</u>
2 Months Ago:	<u>01/2015</u>	<u>\$2,523.50</u>
Last Month:	<u>02/2015</u>	<u>\$2,431.80</u>
Average per month:		<u>\$825.88</u>

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Trafford Corporation - previous job**

Income by Month:

6 Months Ago:	<u>09/2014</u>	<u>\$1,000.00</u>
5 Months Ago:	<u>10/2014</u>	<u>\$1,000.00</u>
4 Months Ago:	<u>11/2014</u>	<u>\$1,131.00</u>
3 Months Ago:	<u>12/2014</u>	<u>\$0.00</u>
2 Months Ago:	<u>01/2015</u>	<u>\$0.00</u>
Last Month:	<u>02/2015</u>	<u>\$0.00</u>
Average per month:		<u>\$521.83</u>

Debtor 1 **Jason R. Mitchell**
Debtor 2 **Dianna G. Mitchell**

Case number (if known) **15-30850**

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **09/01/2014** to **02/28/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Bonus Scott Bailey**

Income by Month:

6 Months Ago:	<u>09/2014</u>	<u>\$0.00</u>
5 Months Ago:	<u>10/2014</u>	<u>\$300.00</u>
4 Months Ago:	<u>11/2014</u>	<u>\$0.00</u>
3 Months Ago:	<u>12/2014</u>	<u>\$0.00</u>
2 Months Ago:	<u>01/2015</u>	<u>\$300.00</u>
Last Month:	<u>02/2015</u>	<u>\$0.00</u>
Average per month:		<u>\$100.00</u>

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Scott E. Bailey OD, PC**

Income by Month:

6 Months Ago:	<u>09/2014</u>	<u>\$2,176.77</u>
5 Months Ago:	<u>10/2014</u>	<u>\$2,025.00</u>
4 Months Ago:	<u>11/2014</u>	<u>\$2,156.62</u>
3 Months Ago:	<u>12/2014</u>	<u>\$2,109.37</u>
2 Months Ago:	<u>01/2015</u>	<u>\$2,983.50</u>
Last Month:	<u>02/2015</u>	<u>\$2,045.25</u>
Average per month:		<u>\$2,249.42</u>